105TH CONGRESS 1ST SESSION

S. 441

To improve health care quality and reduce health care costs by establishing a National Fund for Health Research that would significantly expand the nation's investment in medical research.

IN THE SENATE OF THE UNITED STATES

March 13, 1997

Mr. Harkin (for himself and Mr. Specter) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

- To improve health care quality and reduce health care costs by establishing a National Fund for Health Research that would significantly expand the nation's investment in medical research.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,
 - 3 SECTION 1. SHORT TITLE.
 - 4 This Act may be cited as the "National Fund for
 - 5 Health Research Act".
 - 6 SEC. 2. FINDINGS.
- 7 Congress finds the following:

- (1) Nearly 4 of 5 peer reviewed research projects deemed worthy of funding by the National Institutes of Health are not funded.
 - (2) Less than 3 percent of the nearly one trillion dollars our Nation spends on health care is devoted to health research, while the defense industry spends 15 percent of its budget on research and development.
 - (3) Public opinion surveys have shown that Americans want more Federal resources put into health research and are willing to pay for it.
 - (4) Ample evidence exists to demonstrate that health research has improved the quality of health care in the United States. Advances such as the development of vaccines, the cure of many childhood cancers, drugs that effectively treat a host of diseases and disorders, a process to protect our Nation's blood supply from the HIV virus, progress against cardiovascular disease including heart attack and stroke, and new strategies for the early detection and treatment of diseases such as colon, breast, and prostate cancer clearly demonstrates the benefits of health research.
 - (5) Health research which holds the promise of prevention of intentional and unintentional injury

- and cure and prevention of disease and disability, is critical to holding down health care costs in the long term.
 - (6) Expanded medical research is also critical to holding down the long-term costs of the medicare program under title XVIII of the Social Security Act. For example, recent research has demonstrated that delaying the onset of debilitating and costly conditions like Alzheimer's disease could reduce general health care and medicare costs by billions of dollars annually.
 - (7) The state of our Nation's research facilities at the National Institutes of Health and at universities is deteriorating significantly. Renovation and repair of these facilities are badly needed to maintain and improve the quality of research.
 - (8) Because discretionary spending is likely to decline in real terms over the next 5 years, the Nation's investment in health research through the National Institutes of Health is likely to decline in real terms unless corrective legislative action is taken.
 - (9) A health research fund is needed to maintain our Nation's commitment to health research and to increase the percentage of approved projects

- which receive funding at the National Institutes of Health.
- 10) Americans purchase health insurance and participate in the medicare program to protect themselves and their families against the high cost of illness and disability. Because of this, it makes sense to devote 1 cent of every health insurance dollar to finding preventions, cures, and improved treatments for illnesses and disabilities through medical research.

11 SEC. 3. ESTABLISHMENT OF FUND.

- 12 (a) ESTABLISHMENT.—There is established in the
 13 Treasury of the United States a fund, to be known as the
 14 "National Fund for Health Research" (hereafter in this
 15 section referred to as the "Fund"), consisting of such
 16 amounts as are transferred to the Fund under subsection
 17 (b) and any interest earned on investment of amounts in
 18 the Fund.
- 19 (b) Transfers to Fund.—
- 20 (1) IN GENERAL.—The Secretary of the Treas-21 ury shall transfer to the Fund amounts equivalent to 22 amounts designated under paragraph (2) and re-23 ceived in the Treasury.
- 24 (2) Amounts.—

1	HEALTH PLAN SET ASIDE.—With respect
2	to each calendar year beginning with the first
3	full calendar year after the date of enactment
4	of this Act, each health plan shall set aside and
5	transfer to the Treasury of the United States
6	an amount equal to—
7	(i) for the first full calendar year, .25
8	percent of all health premiums received
9	with respect to the plan for such year;
10	(ii) for the second full calendar year,
11	.5 percent of all health premiums received
12	with respect to the plan for such year;
13	(iii) for the third full calendar year,
14	.75 percent of all health premiums received
15	with respect to the plan for such year; and
16	(iv) for the fourth and each succeed-
17	ing full calendar year, 1 percent of all
18	health premiums received with respect to
19	the plan for such year.
20	(3) Transfers based on estimates.—The
21	amounts transferred by paragraph (1) shall annually
22	be transferred to the Fund within 30 days after the
23	President signs an appropriations Act for the De-
24	partments of Labor, Health and Human Services,

and Education, and related agencies, or by the end

- of the first quarter of the fiscal year. Proper adjustment shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or less than the amounts required to be transferred.
 - (4) DEFINITION.—As used in this subsection, the term "health plan" means a group health plan (as defined in section 2791(a) of the Public Health Service Act (as added by the Health Insurance Portability and Accountability Act of 1996)) and any individual health insurance (as defined in section 2791(b)(5)) operated by a health insurance issuer.

 (c) Obligations From Fund.—
 - (1) IN GENERAL.—Subject to the provisions of paragraph (4), with respect to the amounts made available in the Fund in a fiscal year, the Secretary of Health and Human Services shall distribute—
 - (A) 2 percent of such amounts during any fiscal year to the Office of the Director of the National Institutes of Health to be allocated at the Director's discretion for the following activities:
 - (i) for carrying out the responsibilities of the Office of the Director, including the Office of Research on Women's Health and

1	the Office of Research on Minority Health,
2	the Office of Alternative Medicine, the Of-
3	fice of Rare Disease Research, the Office
4	of Behavioral and Social Sciences Research
5	(for use for efforts to reduce tobacco use),
6	the Office of Dietary Supplements, and the
7	Office for Disease Prevention; and
8	(ii) for construction and acquisition of
9	equipment for or facilities of or used by
10	the National Institutes of Health;
11	(B) 2 percent of such amounts for transfer
12	to the National Center for Research Resources
13	to carry out section 1502 of the National Insti-
14	tutes of Health Revitalization Act of 1993 con-
15	cerning Biomedical and Behavioral Research
16	Facilities;
17	(C) 1 percent of such amounts during any
18	fiscal year for carrying out section 301 and
19	part D of title IV of the Public Health Service
20	Act with respect to health information commu-
21	nications; and
22	(D) the remainder of such amounts during
23	any fiscal year to member institutes and cen-
24	ters, including the Office of AIDS Research, of

the National Institutes of Health in the same

- proportion to the total amount received under this section, as the amount of annual appropriations under appropriations Acts for each member institute and Centers for the fiscal year bears to the total amount of appropriations under appropriations Acts for all member institutes and Centers of the National Institutes of Health for the fiscal year.
 - (2) Plans of Allocation.—The amounts transferred under paragraph (1)(D) shall be allocated by the Director of the National Institutes of Health or the various directors of the institutes and centers, as the case may be, pursuant to allocation plans developed by the various advisory councils to such directors, after consultation with such directors.
 - (3) Grants and contracts fully funded in the first year of such grant or contract, and shall remain available until expended.
- 24 (4) Trigger and release of monies and 25 Phase-in.—

1	(A) Trigger and release.—No expendi-
2	ture shall be made under paragraph (1) during
3	any fiscal year in which the annual amount ap-
4	propriated for the National Institutes of Health
5	is less than the amount so appropriated for the
6	prior fiscal year.
7	(B) Phase-in.—The Secretary of Health
8	and Human Services shall phase-in the distribu-
9	tions required under paragraph (1) so that—
10	(i) 25 percent of the amount in the
11	Fund is distributed in the first fiscal year
12	for which funds are available;
13	(ii) 50 percent of the amount in the
14	Fund is distributed in the second fiscal
15	year for which funds are available;
16	(iii) 75 percent of the amount in the
17	Fund is distributed in the third fiscal year
18	for which funds are available; and
19	(iv) 100 percent of the amount in the
20	Fund is distributed in the fourth and each
21	succeeding fiscal year for which funds are
22	available.
23	(d) Budget Treatment of Amounts in Fund.—
24	The amounts in the Fund shall be excluded from, and
25	shall not be taken into account, for purposes of any budget

- 1 enforcement procedure under the Congressional Budget
- $2\,$ Act of 1974 or the Balanced Budget and Emergency Defi-

3 cit Control Act of 1985.

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